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## Original Articles.

### LARGE DOSES OF STRYCHNINE IN THE TREATMENT OF PULMONARY AND CARDIAC DISEASES.\*

By THOMAS J. MAYS, A. M., M. D.,

[Professor of Diseases of the Chest in the Philadelphia Polyclinic, and Visiting Physician to the Rush Hospital for Consumption.]

FROM quite an extended experience with the use of strychnine I feel convinced that this drug gives better practical results in the treatment of pulmonary and cardiac diseases than any other single remedy at our command, and it occurred to me that a short discussion of the principles which I have followed in its administration might be of interest to the members of this Society.

It is needless to tell you that strychnine has a more powerful stimulating influence over the nervous system than any other drug in the materia medica, and that besides its general action it has

a special influence on the nerve supply of the lungs, heart, stomach, intestines, etc. Now, without going into details, it is my belief that many affections of the lungs and heart are fundamentally dependent on disorder of the nerves which supply these organs, and that the curative effects of this agent in these diseases rest largely on the power which it has in correcting this primary aberration. Over and above this it has been recently shown that strychnine also has the faculty of multiplying the corpuscular elements of the blood, and is therefore, like iron, a blood-builder. A combination of such valuable properties in a single agent makes it apparent on theoretic grounds alone why strychnine should possess such a beneficial therapeutic effect in the diseases which we are here considering, since anemia is one of their most common complications. In spite of these desirable qualities I believe that we often fail in obtaining its best effects by giving it in doses which are entirely too diminutive. I do not mean to say that strychnine should be given in large doses in every disease to which it is applicable, for such a statement might lead to great harm if it were

\*Read before the Philadelphia County Medical Society, September 27th, 1893.

practically carried to its legitimate end, but these remarks pertain only to those diseases to which reference is made in this paper. The custom of giving strychnine in doses of  $\frac{1}{60}$  or  $\frac{1}{30}$  of a grain I have discarded long ago, for I feel satisfied that such amounts are comparatively worthless. It is very rare that I begin with a smaller dose than  $\frac{1}{32}$  of a grain, and more often with  $\frac{1}{30}$  of a grain, and then gradually increase in an ascending scale until I touch the limit of toleration. Strychnine is peculiar in this respect. The length of the ascending scale from the effects of such a dose to a point where the physiological action of the drug begins to develop itself is usually very long, and during the time that this is traversed by the therapist, a free opportunity is given in which to obtain the full stimulant action of the drug in gradually increased doses. I usually incorporate one grain of strychnine with phenacetin, quinine, etc., and divide the whole into thirty-two capsules, and give one capsule four times a day. This lasts eight days and then  $\frac{1}{2}$  of a grain more of strychnine is added to the whole quantity, which is thereafter increased  $\frac{1}{2}$  of a grain every eight days until the limit of toleration is approached. This varies very much in different individuals. I have a number of patients under my care at the present time who are taking  $\frac{1}{10}$  of a grain and, four who are taking  $\frac{1}{6}$  of a grain, and one who is taking  $\frac{1}{3}$  of a grain four times a day. Most of these patients have been taking the drug from three to seven months continuously. I have seen patients, however, who could not endure more than  $\frac{1}{60}$  of a grain four times a day. So soon as the patient begins to show evidence of intoxication the dose is reduced to a point where this is no longer manifested, and then maintained there permanently or again increased after some time. It is possible, however, and this should always be borne in mind, that the dose which was toxic once may in time be taken with impunity. This would seem to show that the poison line of strychnine recedes, and that the drug establishes a certain degree of tolerance for itself. Yet I have met with one case where the administration of the drug was broken off for almost two weeks, and then, on resuming the same dose which was

previously taken, marked rigidity of the lower limbs followed after the first two doses.

What, if any, are the untoward effects of strychnine when given in such large doses? So far as I know there are none except its occasional tendency to produce diarrhea; but at the very worst I do not believe this proneness is very pronounced. In my earlier acquaintance with it, I fancied that it aggravated the diarrhea which is such a frequent accompaniment of phthisis, but my later experience fails to confirm this, since I have seen cases of intestinal tuberculosis get well when strychnine was given in combination with morphine and oxide of zinc. It has been asserted that it causes albuminuria by reason of the high blood tension which it brings about. Of this I have not observed the least evidence, having frequently examined the urine of patients to whom strychnine had been administered in such large doses for more than a year.

I will now briefly consider in greater detail the mode of giving strychnine in each disease to which it is believed to be applicable. In *asthma* I usually begin by introducing about  $\frac{1}{30}$  of a grain under the skin, and administer about  $\frac{1}{30}$  or  $\frac{1}{15}$  of a grain by the mouth four times a day, and gradually increase this in the way above indicated. Hypodermically it is given once a day or every other day, and if possible in the evening, until there is an approach to the production of the toxic effects of the drug. Suitable doses of phenacetin, quinine, capsicum, and ammonium muriate will enhance its action. So far as my experience goes strychnine must be regarded as the most powerful adjuvant in the treatment of asthma, although we must never lose sight of the importance of treating the diathesis or exciting cause on which the disease often rests, and also of improving the general nutrition.

*Bronchitis*, whether acute or chronic, is very much benefited by strychnine. It checks the cough, diminishes the expectoration, improves the appetite and puts to one side the whole constitutional relaxation and feebleness frequently present, especially in the chronic form of this disease. It must be given in ascendant doses, and may be combined with benefit

with the syrup of the hypophosphites or hydriodic acid, or with both.

Strychnine is one of the most useful agents in treating acute pneumonia, whether this is of the croupous or catarrhal variety. I usually begin by injecting  $\frac{1}{20}$  of a grain, and if the case is severe I keep this up morning and evening, together with the internal administration of  $\frac{1}{20}$  of a grain every three or four hours until symptoms of intoxication begin to show themselves. This I have seen to take place on the second and third day of the disease. If the case is a mild one it will suffice to give  $\frac{1}{20}$  of a grain every four hours.

I know of no disease which is more eminently benefited by strychnine than pulmonary consumption. Indeed, as a rule, it seems that sufferers from this disease are capable of taking this drug in extraordinarily large doses. I have a number of phthisical people under my care at the present time, both in hospital and in private practice, who are taking over half a grain of it a day—a dose which had been reached by a gradual increase of a smaller one. For a more complete description of the use of strychnine in primary pulmonary diseases I would refer you to a paper of mine on this subject, contained in *The Medical News* of July 22, 1893, and the remainder of this paper will be devoted to a consideration of the application of this drug to cardiac and cardio-pulmonic diseases.

In recommending strychnine as one of our most valuable cardiac stimulants a fear may spring up in the minds of many that this drug is put forward for the purpose of displacing digitalis—the old and well tried heart-tonic. That such a suspicion is not altogether groundless when held by those who prescribe digitalis for almost every phase and form of heart disease they meet, is true; but he who looks the question of cardiac therapeutics squarely in the face, feels, although more perhaps from an instinctive than from a scientific standpoint, that the action of digitalis is not interchangeable with that of strychnine, and that each fulfils its own peculiar indication in the treatment of diseases of the heart. Although we may not be able to draw a rigid line of demarcation between the behavior of

these two agents, we have experimental evidence to show that digitalis acts more on the muscular and less on the nervous structure of the heart than strychnine.

My own experiments demonstrate that digitalis enhances or increases the irritability of the heart muscle, while strychnine depresses or reduces it; and that the former arrests the heart in systole while the latter arrests it in diastole. It is my belief that the action of these drugs is as dissimilar clinically as it has been shown to be physiologically, and that strychnine is principally indicated in those diseases of the heart which are dependent on a disturbance of innervation, as for example, in simple cardiac weakness and in irregularity and intermittency of its pulsations, while digitalis is preferable in cases where there is a want of compensatory power in the heart muscle, as in valvular incompetency.

Bearing in mind this difference, strychnine should be prescribed when the nerve supply of the heart is enfeebled through auto-intoxication such as is found in the post-paralysis of diphtheria, scarlatina, measles, smallpox, influenza, whooping-cough, and in poisoning from alcohol, lead, mercury, etc.

Irregularity and intermittency of the heart's action are frequently benefited by the administration of large doses of strychnine, and more often than not, do we find that digitalis is utterly useless in such cases. Sometimes the irregularity will remain even under the influence of strychnine, but the symptoms which are dependent on or a part of this condition, such as pain in the precordium, orthopnea, oppression of the chest, will improve or disappear, especially if suitable evacuant remedies are used at the same time. This whole disorder I regard as being probably due to a want of power in the discharge of nerve-force of the heart or rather, perhaps, to a lack of nerve control over the discharge of the muscle force of the heart. This weakness of nerve power is not only marked in the heart, but it is also apparent in the lungs and frequently manifests itself, especially in elderly people, in a co-existent odema of the bases of both lungs.

Moreover, there is often found an irregularity or intermittency of the heart's action in severe seizures of asthma, and

I know of nothing which will remove this accompaniment, as well as the original disease, as strychnine in large doses promptly administered, both hypodermatically and by the mouth.

Angina pectoris is another paroxysmal disease in the treatment of which strychnine in large doses stands pre-eminent.

Again, digitalis is always regarded as the sovereign remedy in the treatment of valvular diseases of the heart and their sequences, but there comes a period in the life history of every such affection in which digitalis, no matter how much benefit was derived from it before, proves utterly useless. This leads of course to disappointment, and often gives rise to serious suspicion concerning the utility of this important agent. The fault lies, however, not in the drug, but in its improper application. It has done all that could be reasonably expected of it. It stimulated the heart-muscle to renewed activity after the valvular rupture occurred. It aided in developing its muscular fibres and restored its former power; but now, for some reason or other, the nervous energy of the patient begins to flag, and the heart-walls commence to relax in spite of the muscular hypertrophy which is present, and digitalis no longer possesses the spurring properties which it once had. The blood dams up in the left ventricle and auricle, the pulmonary circulation becomes impaired, cedema and congestion of the lungs follow, and death is threatened by way of the pulmonary organs. It is at such a time, when digitalis fails to counteract these many incidental complications, that strychnine steps in and shows its superior value as a tonic to the waning nerve energy of the heart and lungs.

#### DISCUSSION.

Dr. Lawrence F. Flick :—This is too practical a subject to be permitted to pass without some discussion. There is no drug that has become more popular in recent years than has strychnine just in the class of cases to which Dr. Mays alludes. While we have apparently empirically come to the conclusion that this drug is of very great value in these diseases, I do not know that I have seen a satisfactory explanation of why it is so. There is one peculiar result in the use of

strychnine which gives somewhat of a clue to its manner of action. This was not mentioned by Dr. Mays. It is the marked increase of weight that occurs under the use of large doses of strychnine. I do not know of any other drug which will produce this effect so rapidly and so satisfactorily. It seems to me to indicate that the real cause of benefit, after all, is possibly the increase of nutrition, and yet why this increase in nutrition from the use of strychnine? It is probable that its effect in stimulating involuntary muscles has a great deal to do with the result. The special action of strychnine is stimulation of involuntary muscles. This is true not only of the muscles of the heart and of the blood-vessels, but also of the muscles of the stomach, intestines, etc.

In the treatment of tuberculosis, strychnine is certainly one of the most valuable remedies that we possess. It should be used in large doses. It, along with many other remedies which go to build up the nervous system and improve the nutrition, are really essential in the treatment of tuberculosis. When we use remedies which build up the nervous system, and with them use the germicides that have lately been introduced, we can obtain very gratifying results in the treatment of this disease which has hitherto been so discouraging. The use of strychnine and other stimulating drugs should be accompanied by the employment of such germicides as have shown themselves to be of value. I have seen recently reports of some excellent results with tuberculin and tuberculinidin, and if these reports continue to come as they have, I feel that we can soon approach the treatment of tuberculosis with a great deal more courage than in the past.

Dr. Charles Wirgman:—I can give my testimony as to the value of strychnine in asthma. I have a patient suffering with severe asthma, the result of hay fever, taking one-twelfth of a grain four times a day. He is a man of relaxed muscular fibre and rather feeble constitution. He has had these attacks every autumn for some years. I began with one-sixtieth of a grain and increased to one-fortieth, and then to one-thirtieth. Observing no toxic symptoms, I in-



creased the dose to one-twentieth and finally to one-twelfth, four times a day, I think with decided benefit to the general nervous tone. I have never observed, in this case, or in others, any accumulative effect of the drug. As far as influence upon the pulmonary tract is concerned, I have observed no positive action, that is, in the sense of an expectorant, but it certainly does increase the general tone so that a patient has more strength to expel the secretion which accumulates. The only symptom that might indicate a toxic action has been a slight amount of spinal irritation, but I have been inclined to attribute this to the semi-recumbent position which he has been compelled to maintain.

Dr. S. Solis-Cohen:—There is no question in my mind that large doses of strychnine can in certain cases be well borne for prolonged periods. In hysterical and other forms of aphonia, and in paralysis following diphtheria, I have frequently given as much as one-fifth of a grain three times a day for several days in succession, having reached this dose by gradual increment; and I now have under my care a man who has been taking one-tenth of a grain of strychnine three times a day for some two years, and who has at times for short periods taken even larger doses. This is a case of syringomyelia with cardiac feebleness. But while I am sure from what Dr. Mays and others have reported, and from my own observations extending over many years, that these doses of strychnine can be well borne and are useful in certain selected cases, I am not one of those who believe that these large doses should be given to every case or to a large number of cases. Both in acute cases and when the drug is to be long-continued, I have seen, as a rule, better results from what nowadays would be considered very small doses, namely, about one-sixty-fourth of a grain or one milligramme. The reason for that is quite clear. In some very interesting researches communicated by Mr. Hodges to the American Physiological Association at the last meeting of the Congress of Physicians and Surgeons at Washington, and in which the effects of exercise and rest upon the ganglion cells of the brains of bees and of sparrows were demonstrated,

it was shown that during the periods of activity a certain vacuolation of the gray matter of the nerve-cells was produced; an absolute destruction of tissue during the physiological process of nervous function. During the period of rest, repair takes place. Strychnine is an agent which above all others stimulates nervous function, and naturally in the process of stimulation of nervous function leads to destruction of nerve tissue. This is, of course, the absolute physical necessity; energy can only be produced, whether in the body or out of it, by an arrangement of matter—a reduction of existing forms into less complex forms, with liberation of the energy locked up in the complexity of structure. Mr. Hodges also showed some spinal cells from a cat poisoned with strychnine, and called attention to the correspondence between the vacuolation in the spinal cells of the cat from strychnine activity and the vacuolation in the brain cells of bees and sparrows from normal activity; there is no doubt in my mind that the correspondence holds throughout. Strychnine adds nothing to the stores of energy of the patient. Its great usefulness in apparently giving strength to a weak man, is due to the fact that it calls upon him for the exercise to the full of such reserve energy as he possesses. It stimulates the nerve-cells to their highest activity, quickly liberating the locked up energy, and in so stimulating it inevitably uses up a certain amount of nerve tissue. If, after this, sufficient rest is allowed, repair takes place, and takes place more quickly because the nutritive processes have been stimulated by the action of the drug. Now, if the amount of activity with concomitant reduction of nerve tissue caused by strychnine can be proportioned to the needs of the patient so nicely that we shall get the maximum of stimulation of the nutritional processes and the minimum of expenditure of the patient's nerve tissue, it is evident that this is the proper point at which to stop. Pushing it beyond that, we cause an unnecessary expenditure of energy and loss of tissue which has to be made up from the food and in other ways. The nicety of adjustment most beneficial is not to be expressed in figures; it differs with the patient and with the disease, and to reach

it requires careful observation and good judgment. Still it is something that we should aim at and that every intelligent physician should be able to secure. The fact that we do not kill a patient by large doses of strychnine does not necessarily prove that we have done him good. The fact that a patient is not killed by a surgical operation does not prove that the operation was indicated in that particular case. It may have been or it may not. Dr. Mays has alluded to the tolerance finally produced to large doses of strychnine. In this lies, I think, the patient's safety. The nerve cells become habituated to it, and refuse to respond up to a certain point. It is the small excess beyond this point that is over the amount tolerated, to which the therapeutic effect is due.

In the treatment of acute pneumonia strychnine is unquestionably one of the best agents that we possess, given in proper doses. I have had occasion to observe at the Philadelphia Hospital, in patients side by side, the comparative effect of small and large doses, and while admitting all the difficulties in the way of drawing conclusions from such comparisons, I am sure that the patients with small doses did at least as well as those who received large doses. I am not afraid to push strychnine up to one-half a grain, if necessary, and when the indication for such dosage exists. In Dr. May's cases I have no doubt that large doses were indicated, but in less skillful hands than Dr. Mays I am sure the routine use of large doses might do harm, not by producing immediate death, but by gradually exhausting the nervous energy of the patient.

In acute cases the best method of administration of strychnine is by means of dosimetric granules. I use the word "dosimetric," not that there is anything magical in the term, but that it indicates the manner in which the granules are prepared. Strychnine arseniate in doses of half a milligramme ( $\frac{1}{128}$  grain) can be given and repeated every fifteen minutes or half an hour until the desired physiological or therapeutic effect is produced. The administration can then be stopped, and as the effect is often prolonged, need not be repeated until the next day. In some cases the nurse can be instructed to

administer three or four granules—one granule at a time—at intervals of half an hour, and then none for three or four hours. Sometimes, after a patient has thus been given four granules ( $\frac{1}{32}$  grain,) the effect can then be kept up by a single granule twice or three times a day. As I have elsewhere published my views concerning the important place of strychnine in the treatment of affections of the heart, I will not now dilate further upon it.

To repeat what I more particularly desire to contribute to the present discussion, I believe that while strychnine is very useful in all the conditions described by Dr. Mays, the best effect can be obtained by limiting the dose to the smallest quantity that will produce the physiological reaction intended.

Dr. Mays:—I do not know that I have much to say in conclusion. The remarks made by Dr. Flick with reference to the influence of strychnine on nutrition are very apropos. The reason that I did not allude to this was because I have discussed this part of the subject in the paper to which I referred. It is quite evident to my mind that Dr. Flick has had a plentiful experience with the use of large doses of strychnine, because, among other things, he notes the influence of this drug upon nutrition. This action is certainly remarkable. I have so often observed this gain in weight that it is a common thing for me to expect the patient to gain in weight if he gets strychnine in ordinarily large doses, such as I have spoken of. I do not know whether Dr. Flick is correct in saying that it acts upon the involuntary muscles of the body, or whether it acts upon the trophic nerves. However, there is strong evidence for believing that strychnine affects the trophic or nutritive nerves of the body and stimulates them, and in this way improves nutrition. I have seen remarkable gain in weight in experimental cases in which nothing was given but strychnine hypodermatically for a number of days. There was nearly always decided gain in weight in the cases that I have observed. I gave it in large doses.

In regard to the cumulative effect, I do not think that I have any observations in regard to the accumulation of the drug

in the system. While I believe that strychnine acts like drugs that do accumulate in the system, such as atropine, digitalis, and strophanthus, yet there is a marked difference between the action of strychnine and the drugs mentioned. Strychnine does not have the profound effect upon the circulation that the other drugs have. We know that the cumulative effect of digitalis is due to the fact that elimination is checked.

I am sorry that I cannot agree with Dr. Cohen in regard to the benefit of small doses in many diseases, although I believe that some diseases are more easily influenced by strychnine than are others. I believe, however, that pulmonary and cardiac diseases, such as were only referred to in my paper, are less easily influenced by strychnine than are many others. It is especially so in asthma, angina pectoris, and the other pulmonary and cardiac diseases to which I referred, for in them it is perfectly useless to give small doses with the idea of cure. You might as well turn a garden hose on a Chicago fire as to expect to do much good with small doses in these diseases. I have tried small doses without any benefit.

In regard to the destructive action to which Dr. Cohen has referred, I can hardly believe that strychnine in ordinary physiological doses can have a destructive influence upon the nervous system, although I can see how a large and poisonous dose could have such influence upon the nervous system. Indeed, we well know that atropine, digitalis, alcohol, and many other drugs in common with strychnine have such a disintegrating effect in toxic doses; but to say that in stimulant doses they have the same or even a similar effect is very far from the mark. It seems to me to be a confounding of the physiological with the pathological effects of a drug. Although I administer strychnine in large doses, I always remain within the sphere of its stimulant action. In fact I fail to conceive how any drug which improves the nutritive state of the body can at the same time have a destructive influence on any tissue, except in so far as it may enhance the physiological waste of the body, which in turn is compensated by an increase in its physiological repair.

## SOME PRACTICAL POST-MORTEM POINTS.\*

By HENRY W. CATTELL, A. M., M. D.

[Demonstrator of Morbid Anatomy in the University of Pennsylvania.]

1. Get all the anatomical knowledge you can out of every autopsy you make. It is therefore usually advisable, especially in the case of females, to perform a preliminary laparotomy. Many surgical operations can be practised upon the body without disfigurement, such as Alexander's operation, oöphorectomy, removal of the ear ossicles, and vermiform appendix, stretching of the sciatic nerve, symphyseotomy, etc.

2. Do not forget to dictate the post-mortem notes while the autopsy is in progress.

3. Respect the feelings of the friends in every possible manner, and always return everything in a private house to its proper place. Be sure to leave no blood marks behind.

4. Be sure you have a legal right to make the post-mortem before you begin. The nearest relative, or the one who is going to pay the expenses of the funeral, should give the consent in writing.

5. Do not take away more tissue from a post-mortem than you are able to thoroughly work up.

6. Try to encourage a demand among the laity for the performance of autopsies.

7. In making an autopsy have a regular method for its performance, which is only to be modified by exceptionable circumstances. Finish the examination of each organ in as thorough a manner as possible before the examination of another organ is commenced.

8. Label all your specimens at once with name of person from whom the specimen is removed, character of the specimen and relations in the body, date, and preservative fluid employed.

9. If you are so unfortunate as to cut yourself, wash the wound with running water for four or five minutes, and then dress antiseptically. Do not, out of bravado, go on with the post-mortem, if there be anyone else present who can complete it.

\*Read before the Philadelphia County Medical Society, October 25, 1893.

10. If you are not making the autopsy yourself do not be too forward in making suggestions to the one who is making it; but always be ready to do anything that you are asked to do in connection with the autopsy.

11. Let your medical friends enjoy the autopsy and specimens with you.

12. Get all the posts you can; never refuse to make an autopsy for another, when you possibly can.

13. Tact will get you many autopsies; curiosity of relatives and friends can often be worked upon to get permission for an autopsy.

14. As the object of the autopsy is usually to find out the cause of death, either for legal or scientific purposes, the post-mortem should, therefore, be conducted in as thorough and accurate a manner as possible.

15. In legal cases be sure to protect yourself in every possible way. The jars (which should never have been used) containing the specimens, should be sealed in the presence of a witness. In important cases here in Philadelphia, the Coroner has both his physicians present at the autopsy, so that the testimony is stronger; and in case of absence of one of the physicians the other can go on the witness stand and the case not be postponed.

16. If you value your peace of mind do not put yourself forward as an expert witness in medico-legal matters. Knowledge which you already have should be freely given to the court in criminal cases, but the court cannot compel you to obtain expert knowledge without your consent.

17. In Germany the legal evidence of a post-mortem held by gaslight has been judged by the court, except under certain peculiar circumstances, to be void.

18. If two persons are lifting the body the lightest weight is at the feet.

19. Chloroform, when placed on a towel and the head enveloped in the towel, will quickly dispose of pediculi capitis.

20. Many signs of inflammation especially of the mucous membrane, disappear after death. Remember that red flannel often colors the skin red.

21. Make the undertaker your friend.

Do not recommend an undertaker who disapproves of post-mortems.

22. It is a good knife that will keep its edge in more than one post-mortem.

23. Do not jump at conclusions too quickly. Tentative diagnoses alone should be made until the post mortem is complete.

24. Always weigh the important organs, and have some method by which you can tell the right from the left organ in case of the double ones. One nick in the left-sided organs and two in the right will readily distinguish them.

25. Wash your hands frequently during the performance of an autopsy so as not to allow the blood to dry on the skin.

26. In opening a cystic kidney be careful that the liquid does not injure the eyes or soil the linen, as when the kidney is opened the liquid in the cyst is under pressure and may squirt several feet.

27. A duct can often be easily followed by making a nick in it, and then introducing a piece of broom stick or a groove director in the direction you desire to dissect. This is especially useful in the ureters and the ductus choledochus communis.

28. In writing the account of an autopsy describe what you see; do not use names of diseased conditions. These should be put in under the head of pathological diagnoses.

29. Urine, or aromatic spirits of ammonia will best take off the odor from your hands. This odor is usually gotten from opening the intestines.

30. Ammonia (also the aromatic spirits) will remove iodine stains; a weak solution of the hypobromite solution will remove carbo-fuchsin and other aniline stains from the hands.

31. Any organ which you desire to save should be placed in a safe place so that it will not be returned to the body and sewed up.

32. The dissecting room is a poor place to study pathology, on account of the chloride of zinc forming with albumen an insoluble albuminate of zinc.

33. Nervous tissue for microscopic study should not be placed in zinc chloride or in alcohol.



34. Remember that a post-mortem, with the exception of the brain and cord, can be made with a penknife.

35. Remember that the thoracic and abdominal organs can be removed by the rectum or the vagina.

36. Before removing the calvarium have a basin so placed that it will receive the blood and cerebro-spinal fluid.

37. Drawings, photographs, casts, cultures of micro-organisms, and microscopic slides are valuable additions to a well written account of an autopsy.

38. A lesion in one part of the body will often suggest a careful search for a lesion in another part of the body.

39. Do not mistake the normal for the abnormal.

40. Squeezing the gall-bladder after the duodenum has been laid open, will cause bile to pass out and the papilla, the ending of the common bile-duct, can thus be demonstrated.

41. Remember that frozen sections of fresh tissue can be cut and mounted in a half hour to an hour.

42. Three hours is none too long in which to make a complete autopsy.

43. Be careful that the first rib does not scratch your hands when removing the tissues in that region. Therefore cover over the cut-ends of the clavicle and ribs with the skin flaps.

44. Blood makes a good glue for affixing labels, and the blood of a person dying from hydrocyanic poisoning makes a most excellent red ink which will keep for years without the addition of any preservative fluid.

45. Remember that after the brain has been removed that the fundus of the eyes can be removed by a circular incision posteriorly, without disfigurement. The inside should then be stuffed with dark colored wool or cloth.

46. In private cases you will be frequently judged of your skill as a pathologist by the neatness with which you sew up the body.

47. If you discover suspicious lesions always stop the post-mortem and report the case at once to the Coroner.

48. Remember in warm weather that the intestines are especially liable to undergo rapid decomposition when exposed to the air.

49. Remember that a railway train or

cart may pass over the body and there be no abrasion in the skin more than a brush burn.

50. Remember that the color of organs is frequently changed when exposed to the air by the oxidation of the hemoglobin. Also that the sulphide of iron frequently discolors organs after death, due to the sulphuretted hydrogen during decomposition precipitating the Fe of the hemoglobin.

51. The clavicle can be grasped and moved and the claviculo-sternal articulation thus readily discovered.

55. In removing the cord the following method may be used without disfigurement to the skin of the back part of the neck: Make a circular incision from the middle of the trapezius muscle of the one side, to the middle of the same muscle of the other side, using as the centre of the circle the external occipital protuberance. This will take you in the median line to about the second dorsal vertebra; then dissect away the skin with the muscles attached, and elevate this flap with a tenaculum and draw the shoulders backward. A sufficient amount of space will be given to then remove the cord in the usual manner.

53. If the rectus muscle on each side be cut near its origin, in the direction of Poupart's ligament, the abdominal cavity will be much more thoroughly exposed to view than in the ordinary manner. First however, examine with the finger for hernia.

54. And lastly be honest. Everyone diagnoses lesions during life which are not found at the post-mortem. Even after a most careful post-mortem it is often impossible to tell from what the patient died.

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## Note.

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DR. E. F. HOLLINGSHEAD, of Trenton, N. J., in a letter of recent date writes: "I think it but honest to acknowledge a good thing. In seventeen years of practice I have never gotten so much good and satisfaction out of any one remedy, as I have out of Antikamnia. I congratulate you upon your product."

# The Times and Register.

A Weekly Journal of Medicine and Surgery.

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WILLIAM F. WAUGH, A. M., M. D.,  
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PHILADELPHIA, NOVEMBER 4, 1893.

## PROFESSIONAL PROTECTION.

WE print to-day, in another column, a letter to the editor on "Professional Protection and a Plea that Physicians would furnish their own Medicines," to which we call the attention of our readers. While the writer has drawn some very strong points in his subject, he also places himself open to considerable criticism. We infer that his experience in his locality has, in many instances, differed widely from our own.

We all admit, in the first place, that the profession is overcrowded with half-educated men; that the standing of medical colleges in most instances is too low; and, that there are too many "machine" made doctors.

On the other hand it is doubtful if Congressional legislation on the subject would benefit us a great deal, at least, at present. It is a notable fact that even in states which already have stringent laws, quackery in some of its worst forms exists, without the power in those same states for suppressing it. This is probably a result of our national freedom which cannot be restricted too severely without interfering with constitutional rights.

Secondly. While we deplore the methods of many reputable physicians who prescribe proprietary compounds and mixtures, and lend their names to the furthering of such articles, yet it would be hard to know just where to draw the line. There are mixtures and compounds, the formulæ of which are placed upon accompanying labels which are vastly better prepared than any physician could compound them in his own office; mixtures which take intricate machinery to extract and thoroughly mix the several ingredients to obtain the best results. Then, too, we have the convenient tablet triturates, alkaloidal granules, and similar forms of remedial agents, in which drugs are so minutely subdivided, and compounded by formulæ to an exact certainty which no physician would dare to attempt. These can hardly be called "proprietary articles," and yet they savor of the same, but without them the efficient remedial medication of to-day would be sadly destitute.

Who would be without his hypodermic tablet of morphia and atropia, or who would substitute for it the old style Magendies' solution which he made in his office and spilled all over his vest-pocket? True, these may, and we are glad to say, are dispensed from the physicians office in the manner our friend suggests, and here it is that we

may gain the advantage over the drug store, but, the latter has not yet outgrown its usefulness, in our opinion, by any means. The drug store may have to depend upon "soda," cigars and Sunday trade to keep it alive. It may sell patent medicines to the detriment of the doctor, but oftener to his advantage—for we get many a case we would not have had, if the patient had let patent medicines alone. There may be occasional prescribing done over its counters, yet the honest druggist—and there are many—will ever keep in mind the welfare of the physician and often helps him out of hard places and corrects his mistakes in prescribing. It is always safer that a prescription should go through at least two hands before it is compounded.

The charge of unprofessionalism in many of our medical journals is not unfounded. Of course, we all know, and the profession and laity generally understand, that the life of a medical journal is its advertisements from a financial point of view. We sincerely hope that no one is foolish enough to believe *all* they read in the advertisements of *every* medical journal, to say nothing of the lay press. Certain advertisers are perfectly reliable and straightforward in their dealings with the profession, and these are an advantage in the standing of any medical journal. For the profession to discriminate between the good and the bad may be difficult and he largely depends upon the standing of his medical journal for the required information, but unprincipled men will creep into every trade or profession and we are sorry to say there may be some among medical editors, who for the love of gain will jeopardize their professional standing, and allow unworthy advertisers space in their journals. All we can say is that such journals are generally easily

found out and often bear the print of the lie on their face. That there are too many medical journals is true, and that a great many of them are run solely in the interests of proprietary advertising is also true. These can hardly be called medical journals, but should rightly be termed "advertising" journals, but there are many wolves in sheep's clothing in the world, and it would indeed be strange if some of them did not creep within the folds of the medical profession. We submit that as a rule the laity are willing subjects of the quack and do not go to him blind-folded.

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## Annotations.

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### OUR NOBLE PROFESSION.

Under the above head appears an editorial in the *Medical Times and Hospital Gazette* of September 30th, the truth of which holds as good to-day in America as it does in England. We take pleasure in quoting somewhat from the article :

"Among hospital physicians and surgeons, quackery and humbug are not altogether unknown, but what we most complain of are the bold and shameless methods of advertising adopted by consultants to obtain practice. Many persons labor under the delusion that medical men give their services to hospitals, purely from charitable impulses, but we fear if those only, who desire to promote works of charity, gave their services to hospitals, there would be considerable difficulty in filling up the medical staffs of these institutions. The most effective and most legitimate method of advertising is through a hospital appointment, hence the desperate efforts made by aspiring consultants to become attached to these institutions. Of course, all who aspire to consulting practice cannot obtain posts on the staff of an established hospital, but the difficulty is easily surmounted. If a physician or surgeon has decided to commence practice as a consultant and finds that his services are not required by existing institutions, he has only to get two or three other equally

ill-used individuals to join him in running a "show" of their own. A dilapidated house having a shop-front is secured in a poor and crowded neighborhood, and in a few days, by the liberal use of paint and varnish, the whilom rag and bone mart is converted into a much-needed (?) hospital, the claims of which are widely advertised by the professional cadgers who are always ready to collect subscriptions to help the cause of charity, on condition that they are paid a liberal commission. Our large towns swarm with these bogus medical charities, the vast majority of which are not only unnecessary but are actually mischievous, as they attract subscriptions from the public which would otherwise be given to deserving institutions. It is surprising that the men who run these "shows" are recognised by the leaders of the profession. If the "nobility" so much talked about had any existence, medical men associated with bogus hospitals and dispensaries would be shunned by all honest practitioners of medicine. But what do we find? That they are received with open arms by those who are regarded as the best men in the profession.

#### THE SURGICAL TREATMENT OF PULMONARY CAVITIES.

At a recent meeting of the New York State Medical Association Dr. N. P. Dandridge, of Cincinnati, Ohio, presented a full and interesting resume of the present status of the surgical management of pulmonary cavities, especially such as occur from tubercular processes.

He went over all the current views on the subject from foreign and American writers and then gave his own impressions.

At the outset he denied that there was much value in experimental work on the dog's pulmonary organs, as applied to the human lung.

He hedged cautiously at the outset by stating that pulmonary surgery was the most difficult and dangerous kind the operator had to encounter. However, he added that when it was possible to accurately diagnose the site of an abscess, gangrene in a cavity, the question of clearing away septic material, draining

and disinfecting was not difficult to decide upon.

When, of course, the pulmonary and costal pleuræ were solidly glued together and the suppurative formation lay near the surface operative measures were comparatively safe and simple.

When, on the other hand, the suppurative material was deeply lodged there were insurmountable difficulties in the way of reaching the seat of the pathological changes.

In closing, he reported two cases in which he had been able to safely reach and drain pulmonary cavities. In both the constitutional symptoms had been greatly relieved and in one a cure had followed.

Dr. J. Blake White and Dr. Charles A. Leale each reported cases of empyemia treated by drainage and palliative measures.

The trend of opinion in these two contributions was that more conservatism should be practised and less aspirating done in pleurisy, unless the extent of cyanosis is great or there were imminent danger symptoms of suffocation, as aspiration had been found in many to be promptly followed by a re-accumulation of fluid or suppurative changes with tubercular degeneration of the liquid in the pleural cavity. T. H. M.

#### CASTRATION IN ENLARGEMENT OF THE PROSTATE GLAND.

We lately learn through a letter from Mr. Reginald Harrison to the *British Medical Journal*, that castration has been performed in old people of the male sex for the purpose of effecting a cure in chronic hypertrophy of the prostate. Mr. Harrison does not commit himself to this scheme, but does admit that there is an intimate sympathy between the testicle and the prostate, so that when the testicle is removed, or the vas-deferens is divided, there is generally evidence of marked atrophy in the parenchyma of the prostate.

It would be an immense gain if we could secure a radical cure of prostatic disease in old men by simply destroying the continuity of the vas-deferens, thereby annulling all physiological activity of the gland, because even now, with all our vaunted progress in opera-



tive procedures supra-pubic cystotomy for such stenosis of the vesical outlet as arises from prostatic hypertrophy is always a dangerous and never satisfactory measure.

Of prostatectomy, except when the third lobe, so-called, has a distinct pedicle, and renal disease is absent, it should seldom or never be undertaken. Its mortality is enormous, and the results which follow scarcely compensate for the risk.

Therefore, we may say in all sincerity and truth, that as an easy, safe expedient in these painful cases, nothing will replace a properly constructed catheter, in careful hands and under proper precautions.

T. H. M.

#### NOTICE.

The next number, November 11th will be devoted to a special issue on Electro Therapeutics, and will contain some valuable contributions to the subject.—Ed. T. & R.

### Letters to the Editor.

#### A PLEA FOR PROFESSIONAL PROTECTION, AND THAT PHYSICIANS WOULD FURNISH THEIR OWN MEDICINE.

Believing that the following remarks will be to the interest of the profession, and to the interest of all true medical journals, which depend in the end upon the success of the physician, is my excuse for offering a few comments under the above heading, and I take the liberty of submitting the same to you for publication in the columns of your popular and valuable journal.

To obtain the proper protection for itself and the people, we will have to fight on several lines simultaneously, and overcome the following points that threaten to destroy in a great measure the success of the profession :

1st. By over-crowding in the ranks of the profession. 2d. By the physicians who prescribe Mr. ———'s compound in place of their own combination of drugs. 3d. By the ignorance of the laity. 4th. By the cupidity of the newspapers. 5th.

By the cupidity and unprofessional conduct of the many medical journals that do more to increase the sale of secret and semi-secret remedies than they do to improve the profession. 6th. By the drug stores. 7th. By the want of proper laws for the protection of the laity and the profession.

The first fight, like charity, commences at home ; before the profession can hope to educate the masses in this respect and control the situation, it must first place itself upon a firm footing.

The fatal overcrowding of the ranks of the profession has a tendency to lower the professional standard and at the same time to create injurious competition. I have noticed for a long time the immense number of doctors that are turned out each year by our colleges, as well as by the quack machines that turn out in six months or a little longer, from the raw material, their class of doctors. As long as there are so many applicants, there will be too many medical colleges, and as long as we have so many colleges, many will by their advertising, sharp competition and cut rates, induce young men to join the ranks. To prevent this physicians should have such a keen sense of their duty, and such a high regard for their profession, as to discourage all who speak to them of reading medicine, and explain to them that it would require years of study before entering college and years of study in college ; that after graduation it will be years before they have a paying practice ; that they never will make money as easily as they think doctors do ; that it is a hard road to travel, and that a man is unfit to enter upon the study of medicine unless he is willing to make sacrifices and exercise indomitable energy, until he can enter upon his professional career with a well prepared mind, trained eye and hand, and with a heart filled with pride and love for the good name of his high and honorable profession. The ranks will never be too full of such men.

Next, we have too many medical colleges, conducted, not for the honor and advancement of medicine, but for the cash received by each professor, to add to the income derived from private practice.

I think that Congress should pass a

law regulating the educational fitness of applicants and the number of years constituting a course, not less than six years, which could include the highly necessary post graduate course. The law should compel also a high standard for the medical colleges.

The profession is very much injured by the physicians who prescribe "ready-made" preparations in place of formulating and prescribing their own compounds. The doctor who prescribes Mr. A's syrup, B's pills and C's tonic only acts as an agent, advancing the use of said compounds, and is not prescribing individually. I am not now speaking of ready-made preparations of a secret or avowed quack nature, but of that parasitic class known as *scientific*. Proprietary articles, that give or pretend to give their formulæ, not failing to carefully mention all indications for use and dosage, and even claiming that they are prepared for and sold only on the doctor's prescription. The trick is this: The makers know full well that all that is needed to enable them to get their medicines used in place of the doctor's prescription, is to hoodwink the doctor into prescribing a few bottles; he thus "presses the button" in their interest, and the labels on their bottles "do the rest" to spread the use of the preparation, not only cheating the doctor out of future fees, but also causing the people to use medicine often not indicated and therefore injurious. Above all things, the use of these preparations gives countenance to the use of the genuine quack article. If I prescribe a proprietary article, "Dr. Blank's Diuretic Compound," for a patient, what reason can I advance to the patient that the ready-made and labeled "Warner's Safe Kidney Cure" is not just as good, and the patient thinks just as much of the doctor that prescribes one as the other. This conduct on the part of the profession breaks down all distinction in the public mind and renders argument useless.

It is the doctor's duty to teach the people that medicine is dangerous to use without a doctor's direction, and that the physician should examine each case carefully and prepare the special medicine indicated for that case.

Now, a word regarding the drug stores.

When medicines were compounded and prescribed in their crude state, the drug stores were a necessity; now that the preparation of medicines has become so perfect the drug stores are not needed and should be regarded as relics of the dark days in medicine along with the lancet, great powders of Peruvian bark and luke-warm water, for the sick, etc. In those days the drug stores were a help to the doctor; now they are an injury with their becoming depots for the sale of all kinds of patent medicines and advertising centres for the same; counter prescribing, refilling the doctor's prescriptions; and last, but not least, their high prices, taking the largest slice of the patient's money, so the latter leaves the doctor's bill unpaid.

I have tried both plans, that of giving prescriptions, and that of furnishing my own medicine, and would say, from my experience, if the physician wants to lessen his practice, deprive his patients and himself of money, place himself in the power of his patients and the druggists, let him give prescriptions.

The physician should devote his time to the cure of the sick, and should give his knowledge freely to the profession, but he should not spend years of study in perfecting a prescription and then give it away to the patient and druggist.

A lawyer conducts his client's case, but he does not teach his client how to practice law; neither does he write out special formulæ, directions, and points to deliver to his client for future use for himself and friends, but, on the contrary, he has the client to consult and fee him for each individual case. Why should not doctors act in the same manner. Our knowledge is our stock-in-trade. When a doctor makes out certain lines of treatment for a family after perhaps years of study and gives it to them in the form of a prescription then they are independent of him in a great measure and can snap their fingers in his face. People will have a little mystery, why should not the doctor use this for his benefit and the patient's protection. The people are taught the use of harmful drugs, such as opium, chloral, etc., by the use of prescriptions. They should never know what they are taking; this is the physician's business. The doctor who fur-

nishes his own medicine is brought into more intimate relations with his patient and the disease, and there is no "middle man" (the druggist). A physician makes a better doctor when he furnishes his own medicine, he knows more about the medicine, more about the disease, and remembers the treatment better.

I write a prescription in a book kept for the purpose, with patient's name and disease, with number like drug stores use, and it is valuable as a reference book. I would have been many dollars poorer had I given prescriptions in place of furnishing my own medicine. The patient will pay the bill better, when he can settle the whole thing with the doctor, in place of having two men to settle with. The doctor can change or add to his treatment without comment, when he furnishes his own medicine.

When a doctor gives the medicine and directs a patient, if an office consultation, to come for more medicine, it gives the doctor a better hold on the patient, and he feels as if more was being done for him than if a prescription was hastily written and the patient sent out of the doctor's hands into the hands of the druggist. Allow me to mention one or two cases and show how much more money there is in furnishing our own medicine. I have a favorite prescription for rheumatism; I put up a bottle for a patient, made it cheaper to him than the druggist would have, at the same time I got \$1.25 for the bottle, when it cost me, say forty or fifty cents. Patient was cured and sent me other patients, whereas, if he had received the prescription he would have given it or sent them to the drug store for the same medicine. I have treated a great many patients with *this one* prescription, and the knowledge of the ingredients *is mine* alone for future use, and does not give the benefit of my time and study to the druggist and community at large. Case second; patient sick with fever. In this case I furnished a great portion of the medicine, and foolishly sent a few prescriptions to the drug store. When I settled my bill was for treatment \$20; medicine, \$2.50. The patient made a great howl, and claimed that I should reduce my bill, because he had to pay the druggist \$7 for the *little* medicine he got there. Now, in fact, \$1.50 would

have paid the druggist well. As it was the patient and doctor, in this case it was the doctor, who lost the \$5.50. Another case, I was called to see a lady suffering from a chronic case that required little treatment and a long course of treatment. My bill in this case was one visit, \$3; medicines for a certain length of time of one prescription (made and kept by myself), \$19; total, \$22. Patient was well pleased, and in place of getting \$3 I received \$22 and saved the patient about \$10 or \$15 on medicines that would have gone extra to the drug store. In this case I directed the husband to send the bottle with its label and number to my office, keeping a little in another bottle to use, till I could conveniently fill the regular bottle.

When a patient goes repeatedly to a drug store and has his prescription refilled he often takes medicine longer than necessary, or at least the symptoms will have changed, requiring a change in the medicine.

To me it is a plain case that it is best for the doctor to do away with the prescription blank and drug stores. I know there are many gentlemanly druggists, and according to their views, honest ones, and I do not wish them any harm. Though they conduct their stores on *business* and not professional rules. They should be the physician's assistant, as it is, they run the matter to suit themselves. In the eye of the public the druggist (who is often called doctor) is a learned agent for selling medicines put up on physicians' prescriptions, and agents for the sale of the many patent medicines on hand. Now the public presumes that the "doctor" druggist knows all about the patent and semi-patent preparations, and, of course, that he knows what is in the physician's prescriptions because the physician sends the prescription to the druggist. Now, does not this give the druggist the advantage over the doctor, and enable him to either duplicate the prescription or sell a ready-made preparation that is better and cheaper, as he claims.

The newspapers do all they can to cast reproach upon the profession and to work to the advantage of the men who pay them for advertising their patent nostrums. The newspapers should be made

responsible for this, and should pay damages when their advertisements are proven to be frauds.

The doctors should have a medico-political phase to their profession and elect such men to office and uphold such papers and medical journals as do them justice. This could be done by having the many doctors in this country to join in an organization—of a medico-political character—then they could control the situation as far as they are concerned.

"The fault dear Brutus is not in our stars, but in ourselves that we are underlings."

TRANSYLVANIA, M. D.

### THE TREATMENT OF THE MORPHINE DISEASE.

The editorial by Dr. Hurd, in your journal, 9th September, regarding the Mattison method in morphinism is unfair, unjust and untrue; and I *protest* against the presumption of one so crassly ignorant of the modern and humane treatment of the morphine disease as he is—*confessedly* so—"rushing into print," to pose as a critic and teacher on a subject of which—admittedly—he knows so little.

I say "confessedly" ignorant, and as *proof* thereof quote this statement from a letter written, not long since, by him to me. "I have to confess myself only a learner and a novice, and cannot say that I have yet left the stage of tentative experimentation for that of positive and scientific certainty."

After such a confession, I certainly think it would be more becoming for Dr. Hurd to keep silent till the wisdom of a broader experience gives his counsel greater weight.

The editorial is *unfair*, because it refers to only a *single* feature of the Mattison method, and that a *preliminary* one—preliminary sedation. The unfairness of noting *part* of a plan, and then criticising it as a *whole*, is too apparent for further comment.

The editorial is *unjust*, because it fails to make any note whatever of two important and essential features in the Mattison method—the use of codeine and trional; two drugs of peerless value in the treatment of this disease.

In a paper, "The Modern and Humane

Treatment of the Morphine Disease," read before the Pan-American Medical Congress, I asserted that this therapeutical trio—bromide of sodium, codeine and trional—with certain minor aids, made a combination of unrivaled efficacy in many cases; and I *reiterate* that assertion.

Is it not *unjust* to ignore salient features of a method, and then condemn it?

The editorial is *untrue*, because it assumes—"should expect"—results, which as a fact, do *not* ensue, if good judgment be used, and makes certain statements that experience proves not true.

On this point more, later, for I bespeak the courtesy of your columns to place on record, *fully* and *truly*, details of the greatest advance in therapeutics along the line of this disease.

Let me tell Dr. Hurd, and all other like skeptics, that the time of "tentative experimentation" in the treatment of the morphine disease has *gone*, and the day of "positive and scientific certainty" has *come*, and reassert—based on large experience and profound conviction of its truth—that the Mattison method in morphinism, if properly used in proper cases, is far superior to any plan yet presented to secure two leading objects—minimum duration of treatment and maximum freedom from pain. MATTISON.

Medical Director, Brooklyn Home for Habitues.

### Note.

It is reported that infant marriage in India is to receive a check. The Maharajah of Mysore has issued a degree that in future no girl may marry at an age of less than eight years, and no boy at less than fourteen. Infringement of this rule will be visited with severe punishment, not of the happy couple, but of the negotiator of the match. Further, no male over eighteen may marry a girl under eight, nor may a man over fifty marry a girl under fourteen. Punishment for these offences is most severe, as indeed, it should be. It is a disgrace to humanity that the animal instincts should, to this extent, be encouraged and stimulated.



## Bureau of Information.

*Questions on all subjects relating to medicine will be received, assigned to the member of our staff best capable of advising in each case, and answered by mail.*

*When desired, the letters will be printed in the next issue of the Journal, and advice from our readers requested. The privileges of this Bureau are necessarily limited to our subscribers. Address all queries to*

Bureau of Information,  
TIMES AND REGISTER,

1725 ARCH STREET,

Philadelphia, Pa.

### ROUTH'S SOLUTION.

WILL you please publish Routh's Formula for the use of *Chloro-phosphide of Arsenic*. I read of its being invaluable to prevent brain wasting, but I have never met the formula, and I have no literature upon the remedy. Would some of your many readers give the best treatment for urticaria, or what is commonly called hives. Lotions I have found of no avail, and I have resorted to laxatives, diuretics and aids to digestion, but the disease returns. It may look like quackery to expect a specific, and that general principles must govern. Yet it is a very annoying trouble, and if any remedy is better than another would like to know it.

R. MACNEILL, M. D.

[We have been unable to find the formula of Routh's solution. Can any of our readers supply it? The phosphide and the chloride of arsenic are accessible, and can be supplied by the Philadelphia Granule Company.

Hot mustard baths relieve urticaria. It is often caused by special irritants, foods, underclothing, or by profuse sweating, and the best treatment is prophylactic. In my little manual I have enumerated as remedies, salicylic acid copaiba, emetine, colchicine, amygdale amara oil, strychnine, atropine, ergotine, jalapine, cornutine, chrysophanic acid, and pilocarpine. A full dose of the last-named, will generally give prompt relief.

—W. F. W.]

### ELECTRO THERAPEUTICS.

PLEASE inform me at your earliest convenience, whose is the best work on Electro-Therapeutics.

I want something suited to the general practitioner, to the point, and concise in its teachings. As I see through the TIMES AND REGISTER, that you are an elec-

trician, I write you believing you will give me the best information.

[Electro-therapeutics, by W. F. Hutchinson, Providence, R. I.; Electricity in Gynecology, by G. Betton Massey, Philadelphia; Electro-Therapeutics of Gynecology, A. H. Goelet, N. Y.; Electricity in Medicine, W. Adams, Detroit; Electricity in Medicine and Surgery, St. Clair, N. Y.; are all concise, and well suited to a practitioner's needs." —W. F. W.]

### CAN PENNSYLVANIA PHYSICIANS GO INTO THE DRUG BUSINESS?

AS a graduate of the Medico-Chirurgical College, how far am I allowed to go ahead in the drug business? Would I dare start a drug store, and put up prescriptions?

There seems to be a difference of opinion, so far as I have been able to find out. So I would like to know how far I would be safe?

A. H. EVANS.

[Physicians who have practised three years continuously are registered without examination. All others must pass the Pharmacy Board.]

### KING OF DYSPEPSIA CURES.

I have obtained the enclosed sample of a wonderful "dyspepsia remedy," and would like to learn the composition. Would the Bureau of Information have it analyzed or examined, and publish the results in the TIMES AND REGISTER?

R. MACNEILL, M. D.

Stanley Bridge, P. E. I.

[Dr. Walling has examined the sample forwarded, and states that it is composed principally of sodium bicarbonate, mustard, and a very small and unimportant trace of an aromatic bitters, probably added to disguise it. Therapeutically, it exerts the power of soda, and if people choose to pay a dollar for a half cents' worth of this valuable drug, they have the privilege.

If anyone wants to see for himself how much soda there is in it, all he has to do is to drop it in a little vinegar, after mixing the powder with water, and see it effervesce.

W. F. W.]

### OBITUARY.

Mr. Charles Clay L. R. C. S. Edin. L. R. C. P. London, who was called the "Father of Ovariectomy" died September 19th in England aged 91 years.

## The Medical Digest.

### THERAPEUTICS.

**Sumbul in Cholera.**—The Russian Medical Department has sent a small commission of physicians to Asia Minor to investigate the use of sumbul root in the treatment of cholera. The sumbul or jambul root is said to enjoy considerable repute in this connection among the natives of Asia Minor and Central Asia.

**Europphen.**—Kopp (*Therap. Monats.*, March, 1893), records his experience with europphen in venereal disease. For the sake of economy he mixed it with boric acid, but using europphen alone caused no bad symptoms. In nineteen typical cases he scraped the chancre after applying ether as a local anesthetic, hemorrhage being arrested by pressure and swabbing with corrosive sublimate compresses. The mixed powder was then applied to the dried surface and allowed to cake, the scab not being removed, but fresh powder added twice daily. Healing under the powder took place in all cases in from two to ten days. In one case an inguinal abscess formed, which required opening, but it healed in less than three weeks. In the remaining fourteen cases the chancre was simply cleaned with a 1 to 1000 solution of the per-chloride and then covered with the powder, the washing and dusting taking place two or three times daily, and healing averaging seventeen days. Two sloughing buboes were treated on the same lines, the bases being scraped away with a sharp spoon and the overhanging skin removed. The author's experience is that europphen is a valuable substitute for iodoform in venereal and other affections.

### MEDICINE.

**A Peculiar Treatment of Hay Fever.**—A German physician (*La Semaine Medicale*, No. 51, 1893), who suffered from hay fever each summer to such an extent that he was greatly hindered in the exercise of his profession, succeeded in reducing the severity of the attacks in a very peculiar manner. Noticing that during the attack the nasal mucous mem-

brane was congested, and, on the contrary, the external ear, was excessively pale, he was seized with the idea of rubbing his ears until they were intensely red. This little maneuver was tried whenever the attack threatened or was in full force, and exerted a notable influence upon the severity of the symptoms. He has also tried this treatment in those of his patients suffering from this disease, and, as he claims, with success.

**Laennec's Method of Treatment in Acute Pleurisy.**—R. L. Hinton, of Prescott, Ark., quotes from Alphonse Guérin as follows: "If acute pleurisy were treated by blood-letting, blistering, etc., according to the method of Laennec and his followers, there would scarcely be any occasion for the practice of thoracocentesis." He indorses this practice after an experience of thirty-six years, with an average percentage of pneumonias and pleurisies, without having a single case requiring thoracocentesis, while he has witnessed many such cases in the hands of other physicians who refused to adopt this heroic treatment.

He is not, however, in favor of a reckless and indiscriminate use of these remedies, and carefully selects his cases. He states that he has never bled a case that did not recover, and they have usually been cases that were considered hopeless by consulting physicians. This practice was adopted generally in this country many years ago, and ought, no doubt, to be revived at the present time.—*Therapeutic Gazette*, November, 1892.

### SURGERY.

**Tumors of the Bladder.**—Mr. Wallace considers hemorrhage the first and most important symptom in the diagnosis of tumors of the bladder.

The characteristics of the hemorrhage are :

1. Its sudden onset and sudden disappearance without any previous warning or cause.
2. Its intermittence, sometimes of months, sometimes of weeks.
3. The appearance of the blood, namely, red blood-clots of irregular shape, the blood being passed at the end of micturition.

4. The total want of benefit from the ordinary hemostatics.

As regards methods of diagnosis, the sound is rejected, except in so far as it determines the presence of stone.

Cystoscopy and cystotomy are the only two reliable methods, and the latter is to be used only where cystoscopy is impossible. An earnest plea is made for the more general use of the cystoscope, for by it can be obtained an exact knowledge of the site, attachment and size of the tumor.

—*Edinburg Med. Journal.*

**A Milk Dressing For Burns.**—The *Chemist and Druggist* states that one of its French contemporaries, the name of which is not given, favors the use of milk as a dressing for burns, to be applied by means of compresses. The dressing is to be renewed night and morning. Under this treatment the reduction of the size of large burns has been marked and speedy. In one instance an extensive burn on the leg, treated in this manner for three or four days, was reduced from five inches to an inch in width. In another instance a severe burn that had been rebellious under a treatment with olive oil and and zinc oxide healed rapidly under the application of milk compresses. This suggestion may serve as a valuable one for country practitioners when their accustomed remedies for burns are not at command.—*N. Y. Med. Journal.*

**Strangulated Hernia Containing a Fallopian Tube.**—Lejars reports a case of strangulated inguinal hernia, in which the sac when opened contained no omentum or intestine, but a small quantity of reddish, fatty fluid and the fimbriated extremity of the Fallopian tube. Pus escaped from its ostium and the entire tube was sloughing. It was not until the internal ring was divided that the tube could be drawn forward and its proximal strangulated portion brought to light. Healthy tissue was secured by catgut and the mucosa touched with the cautery, in order to destroy septic germs. The stump was permitted to slip back into the abdominal cavity. The bladder was wounded in dissecting away the sac, and was followed by urinary fistula

which continued for some time. Lejars has collected eleven cases of hernia of the Fallopian tube alone. Tubo-ovarian herniæ are almost always inguinal, while the tubal are generally femoral. The youngest case was aged 36 and the oldest 70, which contradicts the theory formerly held, that such conditions were congenital.

—*Revue de Chirurgie*, January, 1893.

#### CHILDREN'S DISEASES.

**Singultus a sign of Hereditary Syphilis in the New-Born.**—Dr. A. Carini (*Med. Neuigkeiten*, No. 26, 1893) describes a new and as yet unmentioned symptom of hereditary syphilis in the new-born—singultus. It appears before the coryza, often immediately after birth, or in a few hours, and lasts from ten to twenty days. This singultus of syphilitic children is due to a neuropathic diathesis, dependent upon the syphilitic specific virus in the blood.

**The Feeding of Infants.**—Hauser (*Berl. klin. Woch.*, August 14th. 1893), describes a new method. He first refers to the well-known objections to a wet nurse, and the difficulties in artificial feeding. The author has used, in Henoch's clinic and elsewhere, a preparation introduced by Rieth, in which, after the smaller quantities of fat and sugar in cow's milk have been corrected by the addition of cream and milk sugar, egg albumen, heated above 130° C., is made to supply the deficiency in albumen.

The preparation has the same composition as woman's milk, and is called albumen milk ("Eiweissmilch"), but would be more correctly named albumose milk. The difference between this and ordinary milk, when subjected to artificial digestion, is obvious. If feeding with cow's milk properly prepared and sterilized does not suit, the author uses this preparation. Medicinal agents are not employed, and washing out the stomach is rarely necessary. There are two classes of cases (1) those in which cow's milk properly prepared seems to suit and yet the infants do not thrive, and, (2) those with dyspepsia, etc. Some sixty infants were treated with this pre-

paration, and the author has now used it for one year and a half. The infants take it well, vomiting ceases even in those in whom other preparations have failed, and the weight increases. It is given in small quantities, and cold in bad cases. The stools become healthy and regular, but they may be offensive owing to the sulphur in the albumoses. Failure is rare. This preparation is also useful in acute illnesses, in rickets, and some other diseases of children. Infants with whom mother's milk does not agree take it well. Older infants also thrive on it. Cow's milk may be added to it until pure milk feeding is arrived at.—*British Med. Journal*.

**Personal Disinfection in Scarlet Fever.**—During an epidemic of scarlet fever in 1884, in Indianapolis, Ind., of average fatality, I was called to see a case of this fever in a family in which were four children who had not previously had the fever. The child attacked, when first seen, had a temperature of 104° F., pulse 120, sore throat, and well marked scarlatinal eruption. The four children had been sleeping and playing together until my visit, and the surroundings were very favorable for the dissemination of the fever to many other families, as the building was used as a public restaurant, and there were many servants lodging with other families.

To prevent the extension of the fever I separated the children, with other usual precautions as to dress and ventilation, and had all the rooms constantly disinfected with aqua chlorinii (U. S. P.), to each xiv. ounces of which were added ii. ounces of dilute sulphurous acid. Sheets kept moist with this solution were hung up over the doorways. The patient was given twenty drops of the dilute sulphurous acid every three hours and was thoroughly sponged every three hours the above disinfectant solution. Within an hour from the first sponging the temperature fell to 101° F., and under repetitions every three hours of these spongings and doses the temperature never rose above 101½° F., the patient was immediately relieved, grew calm and bright, sat up in bed and played with her toys, and was well on the fifth day, without subsequent symptoms. The

other children escaped the fever, and no other cases were traceable to this focus.

Having had equally good results in many similar cases since, under this regimen treatment, also when using the aqua chlori of U. S. P., 1 part water to 8 parts for sponging the skin, I am convinced that the disinfection of the skin is to be credited with the beneficial effects in the individual cases; and the destruction of the scarlatinal poison in its most prolific source, due allowance being made for the good effect of sponging, and the varying degree of contagiousness, and susceptibility of different children at different times.—Dr. Waterman in *Indiana Med. Journal*.

#### THE CAUSE OF THE DEATH OF ONE TWIN IN DOUBLE PREGNANCIES.

Eustace, in an article on the causes leading to the death of one twin in double pregnancies (*Nouvelles Archives d'Obstétrique et de Gynécologie*, 1893, No. 4), writes that it is a matter of common remark that the individual children in twin pregnancies are smaller than in single births, and one twin is often far more developed than the other. Indeed, one may have so much stronger vital or attractive force than the other as to finally starve its companion, the stronger living at the expense of the weaker. If one twin die shortly before birth, its body is simply macerated; if early in the pregnancy, it undergoes various modifications. A case is recorded in which, at birth, attached to the placenta of the living child was found a sac containing a second placenta, cord, and perfect three months' fetus. It was quite dry, and flattened out by the pressure of the living child and uterine walls. Again, a twin may undergo arrest of development and conversion into a monstrosity, while its companion remains normal. The death of one in no way injures the other twin, and often seems to increase its growth by the increased supply of nutrition.

—*Am. Jour. Med. Sciences*.

#### NEW PREPARATIONS.

**Oleo-crcresote.**—This is a new, non toxic, anti-phthisic remedy, from the combining of creosote with oleic acid



and thus an oleic ether of creosote is formed, containing about 33 per cent. of creosote, having a characteristic flavor of the latter, but with no caustic action on the tongue. It is insoluble in water, slightly soluble in alcohol, but dissolves in ether; chloroform and in fatty oils. It is eliminated by the kidneys, and can be tolerated in larger doses than ordinary creosote dissolved in oil.

#### THE ACTION OF INJECTIONS OF ORGANIC LIQUIDS.

Baudin has examined nearly 200 patients, representing in the aggregate 4,500 injections of the testicular or "nervous" fluid.

In half the cases there was no effect; and only temporary effects in the remainder. The treatment was efficacious in the senile cachexia, exhaustion, melancholy hypochondriasis, seminal losses and phthisis. It produced no effect in neurasthenia, (or at least no constant effect) hemiplegia, paraplegia, muscular rheumatism, epilepsy etc. When lasting action occurs it cannot be referred to auto-suggestion for the substitution of glycerine and water for the organic liquid puts an end to the effects, and these vary also with the mode of preparation of the organic liquids themselves.

—*La France Medicale.*

N. F. GRAHAM, M. D., Washington, D. C., says: "I used Papine in a case of dysmenorrhea, for the relief of which I had previously used all the preparations of opium, and can say that it relieved the pain as promptly as morphine, without leaving any bad after-effects, as was the case when I had previously prescribed other forms of opium."

ERGOTININE is recommended by Franck as more prompt, sure and constant than ergotine. The dose is  $\frac{1}{320}$  to  $\frac{1}{120}$  gr. It has been used hypodermically in a variety of hemorrhagic and other conditions.—*Kansas City Med. Record.*

## Book Notes.

### Books and Pamphlets Received :

TRANSACTIONS OF THE AMERICAN INTERNATIONAL MEDICO-LEGAL CONGRESS. Chicago, August, 1893.

ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE FISCAL YEAR 1892.

MANUAL OF THE U. S. HAY FEVER ASSOCIATION FOR 1893, containing the Prize Essay of Dr. Seth S. Bishop, of Chicago, Ill. on a New Theory and Treatment of Hay Fever.

RESULTS OF NINETY CASES OF PULMONARY TUBERCULOSIS TREATED AT THE WINYAH SANITARIUM. ASHEVILLE, N. C. By Karl Von Ruch, M. D. Reprint from *Medical News*.

ETUDE SUR LES ABCEES CHRONIQUES ENKYSTES DE L' AMYGDALÉ. Par le Dr. Eug. Peyrissac de Cahors.

HYSTERECTOMY BY A NEW METHOD. By E. H. Pratt, M. D., LL. D. Chicago, Ill. Reprint from *Journal of Orifical Surgery*.

A CONTRIBUTION TO THE HISTORY OF THE DISCOVERY OF MODERN SURGICAL ANESTHESIA. By L. B. Grandy, M. D., Atlanta, Ga. Reprint from the *Virginia Medical Monthly*.

FOUR SUCCESSFUL NEPHRECTOMIES, WITH REMARKS. By Maurice H. Richardson, M. D., Boston, Mass. Reprint from *The Boston Medical and Surgical Journal*.

A CONTRIBUTION TO THE SURGERY OF THE GALL BLADDER. By M. H. Richardson, M. D., Boston, Mass. Reprint from *The Annals of Surgery*.

## News.

**Spanish Salsify.**—A vegetable which promises to be of considerable value in this country, if once generally introduced, is the so-called Spanish salsify, a native of southern Europe. It makes a root much like salsify, except that it is much lighter colored and considerably longer. Its flavor is less pronounced than that of the salsify, but when carefully cooked it possesses a very agreeable quality which is somewhat intermediate between that of the salsify and parsnip. It is adapted to all the methods of cooking employed for those vegetables. The seeds are much easier to handle and sow than those of the salsify. It is sown and cultivated in exactly the same manner as that vegetable, and can be dug either in the fall or spring. Perhaps the greatest disadvantage of the plant is the very prickly

leaves, which may make it unpleasant to handle. But on the whole, it is worth introduction into American gardens. Seeds are offered by some American seedsmen.

Spanish salsify is closely allied to the cardoon and artichoke, and its young leaves are sometimes bleached and eaten like cardoons. The plant is spiny and has the appearance of a yellow-flowered thistle. In France only the root is eaten, and this resembles that of the salsify; in Spain the midribs and petioles of the leaves are eaten, and these are sold in great quantities upon the streets of cities during many months of the year. As with other plants, this is capable of amelioration by cultivation, and it is to be regretted that it is neglected in France and that people are content to gather it in the wild-state.

CHANGES in the Medical Corps of the United States Navy for the week ending October 14, 1893: Medical Inspector George H. Cooke, from navy yard, League Island, Pa., and to special duty in Philadelphia, Pa. Surgeon E. L. Derr, ordered to navy yard, League Island, Pa. Surgeon B. S. Mackie, detached from duty in Philadelphia, Pa., and await orders.

#### PROGRAMME OF THE NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS.

The third annual meeting to be held in the Academy of Medicine, 17 West Forty-third street, New York city, Wednesday, November 15th, 1893.

Morning session, 9.30 a. m.—Roll call and reception of guests. Papers: 1. President's address. 2. A dissertation on the transportation of persons ill with contagious or infectious disease, by Dr. G. P. Conn, Concord, N. H. Discussion by Dr. R. Harvey Reed, of Mansfield, Ohio, and Dr. J. G. Truax, of New York. 3. The duties of chief and local surgeons, by Dr. G. J. Northrop, of Marquette, Mich. Discussion opened by Dr. C. M. Daniels, of Buffalo. 4. The railway hospital. Its necessity and benefits, by Dr. Frank H. Caldwell, of Sanford, Florida. Discussion opened by Dr. R. Harvey Reed.

Afternoon session.—Business meeting, 2 p. m. Scientific work, 3 p. m. 5. Unjust verdicts in civil damage suits, by Dr. J. S. Wight, of Brooklyn. Discussion by Clark Bell, Esq., and Dr. Stephen Smith, of New York. 6. The influence of the attending physicians in litigation cases, by Dr. M. D. Field, of New York. Discussion by a prominent attorney, and Dr. P. W. Barber, of New York. 7. The evolution of the railway surgeon, by Dr. R. S. Harden, of Waverly.

Evening session, 7.30 p. m.—Report of unique cases by members. 8. A Peculiar result of an injury, by Dr. C. M. Daniels, of Buffalo. 9. Traumatic ankyloses, by Dr. T. H. Manley, of New York. 10. Ophthalmology in railway surgery, by Dr. J. E. Weeks, of New York.

(The medical profession is cordially invited to attend the sessions.)

## Prescriptions

### Formulary—*Le Progres Medical*.

#### IN IMPETIGO.

- R Boric acid . . . . . 45 grs.  
Vaseline . . . . . 1 oz.  
R Boric acid . . . . .  $\frac{1}{2}$  dr.  
Oxide zinc . . . . .  $\frac{1}{2}$  dr.  
Salicylic acid . . . . . 8 grs.  
Vaseline . . . . . 1 oz.

—*Thibierge*.

- R Plaster of Vigo, Vaseline, each  $\frac{1}{2}$  oz.  
—*Besnier*.

- R Vaseline . . . . . 3 drs.  
Lard . . . . . 3 drs.  
Oxide zinc . . . . . 75 grs.  
Salicylic acid . . . . . 8 grs.  
Sugar lead . . . . . 4 grs.

—*Dubreuilh*.

- R Yellow precipitate . . . . . 8 grs.  
Oil crude . . . . . 15 drops.  
Cerate . . . . . 6 drs.

### FOR OBSTINATE VOMITING AND PAIN.

- R Menthol . . . . . 15 grs.  
Alcohol . . . . . 6 drs.  
Syrup . . . . . 1 oz.  
A teaspoonful every hour.

—*Mattheiu*.

- R Saturated chloroform water . . . 5 oz.  
Dill water . . . . . 3 oz.  
Syrup . . . . . 1½ oz.

## Notes.

### CHEMICAL HISTORY OF THE ATMOSPHERE.

In the *Chemical News* of August 18th, Dr. Phipson gives the chemical history of the atmosphere from its origin to the present day, in accordance with the results of his observations and experiments, particulars of which we have published from time to time. Premising that the matter composing the earth was originally in a gaseous condition at such a temperature that no compounds could exist, he assumes that, when a solid crust later covered an internal molten mass, water was condensed upon the surface and a primitive atmosphere of nitrogen surrounded the globe. Into this atmosphere large quantities of carbonic acid and water were evolved by volcanic action, but there was no free oxygen. Plants then made their appearance, and, in vegetating, evolved oxygen copiously, deriving this element from the carbonic acid supplied by volcanic action. When a certain proportion of oxygen was attained animal life became possible, and duly appeared. At the same time, the proportion of carbonic acid became less, the carbon being stored up as coal, peat, lignite, etc. As these processes proceeded, animal life of a higher order appeared, the development of the nervous system coinciding with the increase of oxygen in the air. As evidence that the composition of the atmosphere is still slowly changing, it is stated that the latest and most careful determinations of carbonic acid in the air have shown a decided decrease (0.05 to 0.03) in the last fifty years.

**REMEDY FOR CRIME.**—If a man is quite unfit to live, life should be withdrawn from him. Society deals with criminals in self defense; if they can be made useful citizens the best of all results is obtained; if they will not work but prefer to starve, that is their lookout; if they endanger the lives of the members of society, their death is the last resource. To keep men in a separate cell at public expense is futile and a waste of public money. The present method is a failure; we should not re-

main contented with a bland smile and watch criminals being manufactured by society in the very establishments which are designed to eradicate them.—*Dr. Gordon Rylands London, Abnormal Man. N. S. 1893.*

### THE LADY WITH THE HORSE-MANE.

Under this name a young girl aged 20 is now traveling about the world showing to the public how richly nature has endowed her with the ornament of hair. She has, besides a rich *chevelure*, a mane growing out of the spine. The hair of this mane is of the same dark brown color as that of the head, and reaches a length of about ten inches. The place where the hair grows extends downward for eight inches, from a point three inches below the hair of the head, in the middle of the spine. Not long ago this lady with the mane was presented to the Anthropological Society of Berlin, and Virchow, to her great astonishment, found that it was a pathological case, for behind the mane there was a *spina bifida occulta*. Several cases have been described during the last two years of hypertrichosis of some region of the spine connected with *spina bifida occulta*.

—*British Med. Journal.*

### A MEDICAL LEANDER.

According to the newspapers, Dr. Judson Daland, of Philadelphia, recently swam the Strait of Messina, known to the ancients as the whirlpool between Scylla and Charybdis. This feat is said not to have been accomplished before within the memory of the oldest inhabitant of Faro, a neighboring fishing village. Dr. Daland is reported to have said: "The entire swim was made without rest or stimulants, and I restricted myself to the breast and side stroke, not using the back at all. I encountered during the swim strong currents, running apparently in all directions, the direction changing every few moments. These currents were at times warm and at others icy cold. There was a high wind and a choppy sea, making it extremely difficult to breathe. I returned to Messina in good condition and that same evening went to the opera."

—*N. Y. Med. Journal.*

**A New Member on Our Staff.**—We have been rarely fortunate in obtaining the services of the eminent oculist of Boston, Dr. J. A. Tenney, who has consented to become a member of the editorial staff of the TIMES AND REGISTER. Dr. Tenney's experience has been very large, having spent several years among foreign and American hospitals, in the treatment of diseases of the eye. He is at present Professor of Ophthalmology in the Medical Department of Tuft's College, Boston.

**HOW THE CHINESE DO IT.**—The Chinese doctor's lot is not wholly a happy one. Four members of the Imperial College of Physicians at Peking failed recently to make a proper diagnosis of the Emperor's indisposition, and were punished by being fined a year's salary.

**WHAT WOMAN CAN DO.**—A Kentucky woman who concluded her medical studies this spring brought home in one arm her diploma and in the other her week-old babe. Another woman, in Kansas, not long ago celebrated her election as town mayor by giving birth to a child on the same day. Which either proves the superiority of woman over man by way of versatility and endurance, or it may be accepted as a protest by nature against modern attempts to set insuperable barriers.

—*N. Y. Medical Record.*

**RECOVERY OF DAMAGES FOR MENTAL SUFFERING.**—The supreme court of North Dakota has ruled that mental suffering is as properly considered in estimating damages as is physical pain. The impairment of mental powers, naturally a proper element when proved, is only to be considered by the jury when claimed in the suit and evidence.

—*Boston Med. and Surg. Journal.*

## Miscellany.

The following prescriptions was received by an Indianapolis druggist:

The oil of Sasifras, 5c.  
The oil of Peppermint, 5c.  
The oil of Hartshorn, 5c.  
dime of Lodum.  
2½ cets Amonia.  
2½ cets terpentine.  
2½ cets Campher Gum.  
Pain Killer, 25c.

The best way to avoid crusty people in the family," says Mrs. Ewing, "is to feed them crusty bread, for the reason that crusty bread is more digestible than that which is underdone and soft."

### A CHEMICAL PRACTICAL JOKE.

On the occasion of the celebration of the birthday of the Emperor Francis Joseph last month, a practical joker substituted a solution of silver nitrate for the holy water in the fonts of Trieste Cathedral, with the result that may be imagined upon the faces and fingers of the worshippers.—*Medical Press.*

### ANOTHER TELLING EPIGRAPH.

William B. Savage, M. D., of East Islip, L. I., writes: The perusal of a seasonable epitaph in your issue of September 2, calls to mind one that I came across in the old churchyard at Cheltenham, England. It seems that an old physician, accompanied by his three daughters went to Cheltenham to test the efficacy of the waters for which it was famed at that time. While sojourning there his three daughters died. The old gentleman, feeling that he was not long for this world, drew up his will, in which he left instructions that the following epitaph should be inscribed upon his tombstone:

"Here lies I, and my three daughters,  
All through drinking these ere Cheltenham waters.

Had we stuck to Epsom Salts,  
We shouldn't have been lying in these ere Vaults.

—*N. Y. Medical Record.*

## THOMPSON'S MALTED BEEF.

A perfect Liquid Food and Nutritive Tonic, made by a combination of a Superior Malt Extract with a Pure Peptonized Extract of Beef. Unsurpassed in cases of Mal-Nutrition, Dyspepsia, Wasting and Debilitating Diseases or Convulsions. Both preparations are endorsed by Physicians.

## THOMPSON'S MALTED HOP TONIC.

A PURE Extract of Malt and Hops. Superior to the imported. It is a PERFECT TONIC.

C. F. THOMPSON, Sole Propr. and Mfr., 146 and 148 S. Water Street, Philadelphia.

For Sale by all Druggists.